SCHEDULE B (FEC Form 3X)

	Use separate schedule(s)		FOR LINE NUMBER: (check only one)		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b	
Any Information copied from such Reports and State or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)					
American Nurses Association PAC					
Full Name (Last, First, Middle Initial)				616309537A5A4A1D	
Kirk for Senate			Date of Disbursemen	nt /	
Mailing Address PO Box 8			03 02	2011	
City Winnetka	State Zip Code IL 60093		Amount of Each Disl	bursement this Period	
Purpose of Disbursement		• •		-1000.00	
void check 1/26. Was lost in mail Candidate Name		Category/			
Sen. Mark Steven Kirk, III		Type			
	sement For: 2016 C Primary General				
President	Other (specify)				
State: IL District:					
Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS			Date of Disbursemen		
Mailing Address PO BOx 23940			03	2011	
City Santa Barbara	State Zip Code CA 93121		Amount of Each Disl	bursement this Period	
Purpose of Disbursement		• •		4000.00	
Candidate Name Rep. Lois Capps		Category/ Type			
	sement For: 2012 ✓ Primary General Other (specify) ▼				
Full Name (Last, First, Middle Initial) Kurt Schrader for Congress			Date of Disbursemen	66AB3A5C73DD425 nt	
Mailing Address 307 N Main St Ste 240			03 / 16	2011	
City Oregon City	State Zip Code OR 97045		Amount of Each Disl	bursement this Period	
Purpose of Disbursement	Г	• • •		1000.00	
Candidate Name Rep. Kurt Schrader		Category/ Type			
Senate 2	sement For: 2012 (Primary General Other (specify)				
State: OR District: 05				4000.00	
SUBTOTAL of Disbursements This Page (optional)	<u>\</u>		4000.00	
TOTAL This Period (last page this line number only	<i>(</i>)			34000.00	